



**WIC FORMULAS AND FOODS PRESCRIPTION FORM**  
**Infants (Birth to 1<sup>st</sup> birthday)**

**May 2015**

Infant name \_\_\_\_\_

Infant date of birth \_\_\_\_\_

Caregiver name \_\_\_\_\_

Return pages 1 and 2  
to the local WIC clinic  
or to the infant's  
caregiver.

**1. Check a qualifying medical diagnosis**

- ☐ Premature birth  $\leq$  37 weeks gestation
- ☐ Low birth weight  $\leq$  5 lbs 8 oz
- ☐ Failure to thrive
- ☐ Gastrointestinal disorders/malabsorption syndromes
- ☐ Immune system disorders
- ☐ Severe food allergies (must explain in Notes)
- ☐ Metabolic disorders/inborn errors of metabolism
- ☐ Life-threatening medical condition that impairs the infant's nutritional status (must explain in Notes)
- ☐ Other medical diagnosis or condition that impacts the nutritional status of the medically fragile infant (must explain in Notes)

**Note:** The qualifying medical diagnosis must correspond with the medical need of the prescribed WIC formula or WIC foods.

A symptom such as colic, constipation, rash, spitting up, vomiting, or fussiness is not an acceptable medical diagnosis for WIC.

**Notes:** \_\_\_\_\_

Infants (Birth to 1<sup>st</sup> birthday)

**2. Prescribe formula and amount**

Select one therapeutic formula

Or

Select one standard formula

- ☐ Similac NeoSure
- ☐ Similac Alimentum
- ☐ Good Start Gentle
- ☐ Nutramigen
- ☐ Enfamil EnfaCare

See Box 5 about prescribing baby foods

Select a standard formula **only if** baby foods are contraindicated for medical reasons.

"Yes" answers are required in Box 5.

- ☐ Similac Advance (20 kcal/oz)
- ☐ Enfamil ProSobee

Select the amount

- ☐ Allow up to the maximum amount of formula. WIC staff and *caregiver* will determine amount.
- or
- \_\_\_\_\_ Ounces per day (not to exceed the maximum amount of formula allowed by WIC)

**Describe special feeding instructions:** \_\_\_\_\_

**3. Enter the number of months for this prescription**

This form expires on the day before the infant's 1<sup>st</sup> birthday, or when the number of months ends, whichever comes first.

**WIC FORMULAS AND FOODS PRESCRIPTION FORM**  
**Infants (Birth to 1<sup>st</sup> birthday)**

May 2015

**4. Medical Provider Deferral for WIC foods to the WIC Registered Dietitian**

Infants with a qualifying medical diagnosis (Box 1) need all of their WIC foods prescribed.

The medical provider can defer to the WIC Registered Dietitian to prescribe WIC foods (**excluding WIC formula**) and amounts of food for infants 6 – 12 months of age to meet the infant's medical or nutritional needs.

☐ I defer this responsibility to the WIC Registered Dietitian. (If checked, skip to Box 6)

**5. Prescribe baby foods for infants**

In addition to formula, baby cereal and baby food fruit and vegetables may be provided to infants 6 -12 months of age when prescribed. If you can't answer the 2 questions below at this time, WIC staff will contact you when the infant is about 6 months old.

Is baby cereal contraindicated for this infant for a medical reason? ☐ Yes ☐ No

Are baby food fruit and vegetables (stage 2) contraindicated for this infant for a medical reason? ☐ Yes ☐ No

**Describe specific food or diet restrictions:**

**Note:** For infants 6 to 12 months old, WIC provides additional infant formula in lieu of baby cereal and baby food fruit and vegetables when these baby foods are contraindicated. If these 2 questions are left blank, staff won't issue any baby foods at 6 months.

If deferred to the WIC Registered Dietitian: WIC RD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Enter medical provider information**

Name: \_\_\_\_\_  
(Required) Print or Stamp

Date: \_\_\_\_\_  
(Required)

Signature: \_\_\_\_\_  
(Required)

Phone: (\_\_\_\_\_)\_\_\_\_\_  
(Required)

Email: \_\_\_\_\_

Fax: (\_\_\_\_\_)\_\_\_\_\_

**7. WIC Staff: Optional**

\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_  
Local WIC clinic name Phone # Fax #

**Note to WIC Staff:** You must get a signed authorization form from the WIC custodian to share client information with the infant's medical provider.

Questions? Call the infant's local WIC clinic or the Washington State WIC Nutrition Program at 1-800-841-1410.

WIC is a supplemental food program. WIC does not provide all of the formula or foods an infant may need each month. An explanation of the types and amounts of WIC foods allowed, plus the instructions to complete this form are included in the instructions at the end of this form, or they can be found at: <http://www.doh.wa.gov/wicformula.aspx>

**BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING.**

# Instructions to complete the WIC Formulas and Foods Prescription Form for Infants

Use this form for infants from birth to their first birthday

**Client information:** Complete the top portion of the form with the infant name, infant date of birth, and caregiver name.

## 1. Check a qualifying medical diagnosis

Check one or more boxes in order to provide prescribed formula and foods.

The qualifying medical diagnoses are specified by federal regulations. The space under **Notes** is for any additional information that WIC staff should know related to any of the medical diagnoses checked. If “**must explain in Notes**” follows a medical diagnosis that is checked, provide a brief description of the impact to the infant’s medical or nutritional status.

## 2. Prescribed formula and amount

Check a box next to the formula prescribed.

WIC needs to know how much formula to provide the infant. Check either “**Allow up to the maximum amount of formula**” needed or indicate the number of “**Ounces per day**” if the amount is less than what WIC allows. Refer to the table in these instructions for the maximum amounts of powder, concentrate and ready-to-feed (RTF) formula allowed per month as defined by federal regulation. For more specific details, see the “Can Sizes, Yields and Maximum Amounts of Formula” table from the Washington State WIC web site at <http://www.doh.wa.gov/wicformula.aspx>

Check either “**Similac Advance**” or “**Enfamil ProSobee**” if the infant has a medical diagnosis where baby foods are contraindicated and additional formula is needed. Note: This is the only reason either of these standard formulas must be prescribed.

“**See Box 5 about prescribing baby foods**”. If both baby cereal and baby food fruit and vegetables are contraindicated in Box 5, the infant receives additional infant formula, at the 4-5 month amount, in lieu of these baby foods. This applies to all 7 formulas listed.

The space under **Describe special feeding instructions** is for specifying feeding instructions, such as concentrating the formula from the usual 20 kcal per ounce, specifying ounces per feeding, or documenting the need for RTF. Note: RTF is allowed for medical reasons if it improves the infant’s ability to consume the formula due to the infant’s medical diagnosis. This applies to all WIC standard and therapeutic formulas.

## 3. Enter the number of months for this prescription

Write in the number of months the prescription is effective in the box.

A new form is required if the number of months needs to be extended, the formula and/or foods needs to be changed, or the amounts of formula and/or foods needs to be changed.

If the time period of the prescription goes past the day before the infant’s 1<sup>st</sup> birthday, the prescription will automatically end.

## 4. Medical Provider Deferral for WIC foods to the WIC Registered Dietitian

Check the box “**I defer this responsibility to the WIC Registered Dietitian**” to authorize the WIC Registered Dietitian to work with the caregiver to decide the type and amount of WIC food that is medically appropriate for infants 6 – 12 months of age. The WIC Registered Dietitian must have a face-to-face or phone conversation with the caregiver before WIC foods can be

## **Instructions to complete the WIC Formulas and Foods Prescription Form for Infants**

issued. The medical provider can only defer the responsibility of prescribing WIC foods, not WIC formula, to the WIC Registered Dietitian. If deferred, skip Box 5 and go to Box 6.

### **5. Prescribe baby foods for infants**

In the month the infant turns 6 months old, the infant may receive baby cereal and baby food fruit and vegetables. WIC won't provide these baby foods to infants younger than 6 months of age.

Check the **Yes** box if the infant is not, or won't be, ready for baby foods at six months of age for a medical reason (contraindicated). Check the **No** box if the infant is, or will/should be, ready for the baby foods at six months of age.

If both baby cereal and baby food fruit and vegetables are contraindicated, WIC staff won't provide these foods and WIC staff will substitute additional formula to replace the baby foods. When additional formula is provided, the maximum monthly amount of formula for the 6-12 month old infant receives is the same maximum monthly amount of formula as provided to infants 4 through 5 months of age.

If these two questions are not answered by the month the infant turns 6 months, staff will issue the maximum amount of formula in lieu of baby foods. Staff will issue monthly checks until the questions are completed.

Refer to the table following these instructions for the maximum amounts of each food allowed, as defined by federal regulations.

The space under **Describe specific food or diet restrictions** is for any additional information that WIC staff should know regarding the formula prescription or any food restriction at this age. Example: Counsel the caregiver to select non-citrus baby fruit for an infant with citrus sensitivity.

The Registered Dietitian's signature and date are required when the medical provider defers to the WIC Registered Dietitian.

### **6. Enter medical provider information**

The name of the medical provider (licensed health care professional who can write medical prescriptions under state law), date, signature and phone number are required. A fax number and email address are recommended. Questions should be directed to the infant's local WIC clinic or the Washington State WIC Nutrition Program at 1-800-841-1410.

### **7. WIC Staff: Optional**

WIC staff have the option to complete the following information about their WIC clinic:  
Local WIC clinic name, Phone #, and Fax #.

**Note to WIC staff:** *You must get a signed authorization form from the WIC custodian to share WIC information with the infant's medical provider.* The WIC custodian signs and dates a form to authorize staff to contact the infant's medical provider. In most situations the caregiver and the custodian is the same person.

A signed authorization form allows staff to contact the medical provider to discuss and share any information about the infant that was gathered at WIC, if necessary. If the authorization form hasn't been signed in advance, staff have to get the infant's custodian to come back to the WIC clinic to get the authorization form signed before staff can contact the medical provider.

## Instructions to complete the WIC Formulas and Foods Prescription Form for Infants

Staff have the option to use WIC's "Individual Authorization to Release WIC Information" form or use their own agency's form providing it has similar information to WIC's sample form. This form may be printed from the Washington State WIC Nutrition Program Web site:

<http://www.doh.wa.gov/wicformula>.

**Return the completed form to the caregiver or to the infant's WIC clinic.** The information on the completed form (pages 1 and 2) is confidential. Please assure confidentiality when mailing, emailing or faxing this form to the caregiver or to the infant's WIC clinic. Don't mail, email or fax this form to the Washington State WIC Office.

For an electronic copy of this form, go to: <http://www.doh.wa.gov/wicformula.aspx>

### Maximum Amounts of WIC Formulas and/or Foods per Month for the Fully Formula Fed Infant

Infant Age	0-3 months	4-5 months	6-12 months	6-12 months when foods are contraindicated*
<b>Prescribed WIC Formula</b>				
Powder (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
Concentrate (reconstituted)	Up to 823 fl. oz.	Up to 896 fl. oz.	Up to 630 fl. oz.	Up to 896 fl. oz.
Ready to Feed	Up to 832 fl. oz.	Up to 913 fl. oz.	Up to 643 fl. oz.	Up to 913 fl. oz.
<b>Prescribed WIC Foods</b>				
Baby cereal	None	None	24 oz.	None Foods are contraindicated due to medical diagnosis.
Baby food fruits and vegetables	None	None	128 oz.	None Foods are contraindicated due to medical diagnosis.

\* This column shows the additional amount of formula when infants don't receive WIC foods.



This institution is an equal opportunity provider. **Washington State WIC Nutrition Program does not discriminate.** For persons with disabilities, this document is available on request in other formats. To submit a request, please call: 1-800-841-1410 (TDD/TTY 711).